

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	T-G	37	2/6/01
O.I.P.E. CLASSIFIER	f	1019	9/2
FORMALITY REVIEW	ka	1019	10-03-1
RESPONSE FORMALITY REVIEW	ka	1019	01-15-02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	2/6/01
2	✓	✓	2/6/01
3	✓	✓	2/6/01
4	✓	✓	2/6/01
5	✓	✓	2/6/01
6	✓	✓	2/6/01
7	✓	✓	2/6/01
8	✓	✓	2/6/01
9	✓	✓	2/6/01
10	✓	✓	2/6/01
11	✓	✓	2/6/01
12	✓	✓	2/6/01
13	✓	✓	2/6/01
14	✓	✓	2/6/01
15	✓	✓	2/6/01
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18	✓	✓	2/6/01
19	✓	✓	2/6/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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14/01

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1/16/02